2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2007
Secretary of State

DOCUMENT# 763590

Entity Name: SOUTHERN FLORIDA TROPICAL GROWERS, INC.

Current Principal Place of Business:

18710 S.W. 288 ST.
HOMESTEAD, FL 330302309

New Principal Place of Business:

Current Mailing Address:

18710 S.W. 288 STREET
HOMESTEAD, FL 330302309

New Mailing Address:

FEI Number: 65-0094921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TROPICAL AG FIESTA
18710 S.W. 288 STREET
HOMESTEAD, FL 330302309 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: O'HAIR, STEPHEN
Address: 18905 SW 280 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: DVP ( ) Delete
Name: LAMBERTS, MARY
Address: 18710 SW 288 ST
City-St-Zip: HOMESTEAD, FL

Title: PD ( ) Delete
Name: DAVID, CINDY
Address: 10255 SW 128 CT
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete
Name: MARTHA, KESSELL
Address: P.O. DRAWER 1609
City-St-Zip: HOMESTEAD, FL 33090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN OHAIR DS 06/02/2007

Electronic Signature of Signing Officer or Director — Date